

FILED APR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7602

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>32</u> | | PRIMARY REG. DIST. NO. <u>5112</u> | | Registrar's No. <u>31</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u> | | | |
| b. CITY OR TOWN <u>GEOPOLD</u> | | c. LENGTH OF STAY (in this place) <u>LIFETIME</u> | | c. CITY OR TOWN <u>GEOPOLD</u> | | <u>8000</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>HOSPITAL OR INSTITUTION</u> <u>NO STREET ADDRESS</u> | | | | d. STREET ADDRESS (If rural, give location) <u>NONE</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ALMA</u> | | b. (Middle) <u>ANNA</u> | | c. (Last) <u>TANSEN</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 30, 1950</u> | |
| 5. SEX <u>F.</u> | | 6. COLOR OR RACE <u>W.</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u> | | 8. DATE OF BIRTH <u>OCT. 9, 1931</u> | |
| 9. AGE (In years last birthday) <u>18</u> | | 10. UNDER 1 YEAR <u>5</u> | | 11. UNDER 1 YEAR <u>21</u> | | 12. UNDER 1 YEAR <u>21</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u> | | | |
| 11. BIRTHPLACE (State or foreign country) <u>BOLLINGER Co, Mo.</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>GERHARD TANSEN</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>ANNA DEBROCK</u> | | | |
| 14. NAME OF HUSBAND OR WIFE <u>NONE</u> | | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>GERHARD TANSEN</u> | | | | ADDRESS <u>GEOPOLD, Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | | | | |
| MEDICAL CERTIFICATION | | | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage (aortic)</u> | | | | | | | |
| ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>gunshot wound</u> DUE TO (c) <u>suicide</u> | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |
| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION | | | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u> | | | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3 30 50 7:40 AM</u> | | | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | |
| 21f. HOW DID INJURY OCCUR | | | | | | | |
| 22. I hereby certify that I attended the deceased from <u>18</u> , to <u>19</u> , that I last saw the deceased <u>live</u> on <u>3/30/50</u> , 19 <u>50</u> , and that death occurred at <u>7:40</u> a.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>John J. Morris, M.D.</u> | | | | 23b. ADDRESS <u>Watesville Mo</u> | | | |
| 23c. DATE SIGNED <u>3/30/50</u> | | | | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | | | 24b. DATE <u>APRIL 1, 1950</u> | | | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHN'S CEM.</u> | | | | 24d. LOCATION (City, town, or county) (State) <u>GEOPOLD Mo</u> | | | |
| DATE REC'D BY LOCAL REG. <u>Mar. 31, 1950</u> | | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thelie Van Dumburg</u> ADDRESS <u>BAKER FUNERAL HOME WATESVILLE, Mo.</u> | | | |

(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

APR 5 1950

DISTRICT HEALTH OFFICE No.

File No. 450-519

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed J. E. Graham

Signed _____
Student Embalmer

Licensed Embalmer No. 4010

P. O. Address Lutesville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.